

ELECTRICAL PERMIT APPLICATION

CITY OF LONGVIEW

LOCATION / ADDRESS: _____

ELECTRICAL CONTRACTOR: _____

GENERAL CONTRACTOR:
(IF APPLICABLE) _____

WORK DESCRIPTION: _____

RESIDENTIAL

TEMPORARY ELECTRICAL SERVICE

ROOMS QUANTITY _____

AIR CONDITIONING UNITS QUANTITY _____

CENTRAL HEATING UNITS QUANTITY _____

ELECTRIC RANGE QUANTITY _____

ELECTRIC DRYER QUANTITY _____

ELECTRIC WATER HEATER QUANTITY _____

METER LOOP SIZE _____

COMMERCIAL

TEMPORARY ELECTRIC SERVICE

NUMBER OF OPENINGS QUANTITY _____

CHRISTMAS TREE LOT

METER LOOP SIZE _____

SIGNATURE: _____

DATE: _____

EMAIL: _____

PHONE: _____